

Program Element #19: Program Design and Evaluation (PDES) Services

- 1. General Description.** Funds provided under this Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to deliver the following public health Program Design and Evaluation Services (PDES) during the term of this Agreement.
 - a. Toxicology, Assessment, and Tracking Services (TATS) Projects Evaluation.** TATS Projects Evaluation services entail:
 - i.** training of Department's Toxicology, Assessment, and Tracking Services (TATS) staff on program evaluation principles and methods, and other related topics;
 - ii.** evaluation of the effectiveness of Department's Environmental Health Assessment Program (EHAP), the Occupational Public Health Tracking (OPHT) Program, the Environmental Public Health Tracking (EPHT) Program, and the Harmful Algal Bloom Surveillance (HABS) Program;
 - iii.** evaluation of the effectiveness of the Department's Lead Poisoning Prevention Program (OLPPP) project: "Building Capacity to Address Environmental Hazards during Pregnancy". Purpose of this project is to improve standards and practices for addressing environmental health hazards among pregnant women who are a part of the Maternity Case Management (MCM) Program. Public Health Nurses (PHNs) will conduct environmental assessments during home visits with pregnant women, and will provide education and recommendations for addressing identified hazards, and
 - iv.** other technical assistance related to surveillance and environmental program development/planning/evaluation to Department's TATS staff, including developing an evaluation strategy for TATS public health surveillance and intervention programs that is consistent with guidelines from the Centers for Disease Control and Prevention (CDC). Activities also include drafting evaluation strategy reports and preparing manuscripts and presentations that describe TATS program activities, processes and results and assisting in the development of evaluation plans for grant applications.
 - b. HIV Morbidity Monitoring Surveillance Project (MMP).** MMP involves collection of data on persons in Oregon infected with HIV through a combination of medical record abstractions and patient interviews to generate population-based estimates of the characteristics of Oregonians infected with HIV and the care they receive and the extent of need for care and support services. Department and others will use these data to allocate resources to HIV prevention programs and to programs that provide care and support services to Oregonians infected with HIV. As part of this project, public health personnel from the Oregon Office of Disease Prevention, HIV/STD/TB Section, will collect data on:
 - i.** the occurrence of opportunistic infections, laboratory test results, and other data describing the provision and impact of treatments for HIV,
 - ii.** health care utilization,
 - iii.** ongoing HIV risk behaviors,
 - iv.** care seeking behaviors,

- v. the quality of life, and
 - vi. acceptance of and adherence to prescribed antiretroviral therapy.
- c. **HIV Part B Services Evaluation Project.** The purpose of funds provided under this Program Element of the Agreement is to have PDES provide technical assistance to the HIV Part B Services Evaluation Project in the identification of methods, processes and best practices needed for the evaluation of the HIV Part B Services Evaluation Project's effectiveness and to assess the needs of persons living with HIV AIDS in Oregon. PDES may both directly conduct needs assessments, surveys, and studies as well as on occasion provide technical oversight to others identified by the HIV Part B Services Evaluation Project program as providing these activities.
- d. **Oregon Fetal Alcohol Syndrome Surveillance System.** The Office of Family Health, Public Health Division, has a cooperative agreement with the Centers for Disease Control and Prevention to conduct Fetal Alcohol Syndrome (FAS) Surveillance in Oregon with the purpose of ascertaining the prevalence of FAS among children in Oregon, as per CDC case definition, using established methodology. The project requires epidemiological oversight for the surveillance design, and implementation, as well as technical assistance to the FAS project staff and manager. The FAS Surveillance System, funded through a CDC Cooperative Agreement, involves case finding, ascertainment, and collection of data on children born in Oregon between January 1, 2001 and September 29, 2009. Data collection is conducted using birth certificate records, Medicaid data, and abstraction of hospital birth records and pediatric clinic records.
- e. **Behavioral Risk Surveillance System (BRFSS) Data Weighting.** The purpose of this project is to have PDES prepare and review the Behavioral Risk Factor Surveillance System (BRFSS) statistical weights for the Office of Disease Prevention and Epidemiology, Center for Health Statistics. The BRFSS is a collaborative project of the Centers for Disease Control and Prevention (CDC), and U.S. states and territories. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. Factors assessed by the BRFSS include tobacco use, physical activity, dietary practices, safety-belt use, and use of cancer screening services, among others. Data are collected from a random sample of adults (one per household) through a telephone survey. Currently there are four versions of the survey being conducted in Oregon. PDES will prepare and review the statistical weights for the versions of the survey and for various combinations of surveys needed to analyze the data to meet CDC and program specifications. Assistance is needed to finalize the 2007 and 2008 weights and to prepare and review the weights for the 2009 survey versions.
- f. **Descriptive Epidemiology of Newly Reported Hispanic HIV/AIDS Cases in Oregon.** The purpose of this project is to conduct a special public health surveillance project of newly reported HIV/AIDS cases listed on the case report as Hispanic. The objectives of the study are to collect descriptive epidemiological information on newly reported Hispanic HIV/AIDS cases to: 1) Determine whether people listed on the case report as Hispanic consider themselves to be Hispanic; 2) Describe demographic characteristics of these cases; 3) Describe risk behaviors among Hispanics living with HIV/AIDS; and 4) Identify new prevention strategies. The results of this project will be utilized to modify/expand Oregon's standard HIV/AIDS case report form in an effort to routinely capture key information in a

standardized manner. More broadly, the results will be used to guide the delivery of resources aimed at preventing HIV among Hispanic populations in Oregon. Findings will be summarized in a brief report as well as a brief manuscript to be submitted for publication in a peer-reviewed journal.

- g. Promoting Healthy Birth Outcomes for Future Generations of Latinos.** The purpose of this project is to increase the public's and provider's knowledge of the importance of integrating the life-course perspective into preconception/interconception care to reduce adverse pregnancy outcomes and improve reproductive health through the use of social marketing strategies. The program objectives are to: 1) Develop a strengths-based, public health message for providers; 2) Disseminate culturally and linguistically appropriate messages targeted at first-generation Latinos about maintaining a healthy lifestyle, emphasizing the connection with and pride in one's cultural heritage and intergenerational cultural community; and 3) Develop a media campaign around the availability of healthy activities and resources such as an interactive web-site.

The project will involve developing and implementing two social marketing campaigns. The campaigns will include: 1) Formative research; 2) Message development and testing; and 3) Implementation.

Evaluation of these components is necessary to determine success of the campaign. Evaluation will begin in October, 2009 and continue until the end of the project period, September, 2010.

- h. Assistance in 2009-10 Influenza Surveillance.** Oregon's Acute and Communicable Disease (ACD) Program plan several surveillance strategies to monitor influenza activity during the 2009-2010 season. With the additional burden of Novel H1N1 surveillance, new strategies for surveillance are planned to complement previous years' activities. The program will contract a portion of the surveillance and reporting activities with Program Design and Evaluation Services (PDES) for this 6-month period.

The purpose of the contracted work is to provide weekly updates for several web-based reports based on four specific surveillance strategies:

- Sentinel Surveillance (Influenza-like Illness) Weekly Updates
- Kaiser Syndromic Surveillance Updates
- OCHIN Surveillance Updates
- BRFSS Community Survey Updates

2. Definitions Specific to the PDES.

- a. Part B:** Department's Human Immunodeficiency Disease (HIV) Client Services Program.
- b. HIV Care and Treatment Program:** Department's program within Public Health that provides services to persons living with HIV/AIDS.
- c. FAS:** Fetal Alcohol Syndrome

- d. **FASSLink:** Fetal Alcohol Syndrome Surveillance database provided by the Centers for Disease Control and Prevention.
- e. **OCHIN:** Oregon Community Health Network.

3. **Procedural and Operational Requirements.**

- a. **General Requirements.** All services supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered in accordance with the following general procedural and operational requirements:
 - i. **Staffing Requirements and Staff Qualifications.** LPHA must assign qualified staff to provide the services, as may be required by the nature of the particular service. Assigned staff should include doctoral level psychologists, health educators, sociologists, and medical epidemiologists and masters-level research staff, as appropriate.
 - ii. **PDES Activities.** LPHA shall conduct the following activities as necessary or appropriate to deliver PDES supported in whole or in part with funds provided under this Agreement for this Program Element:
 - (A.) Research and evaluation related to disease etiology and prevention, specifically, the collection of disease etiology and prevention data that are collected for the purpose of improving the performance of public health programs by understanding which members of the public are benefiting from current program, and by assisting Department in identifying gaps in current public health service delivery.
 - (B.) Development and establishment of collaborative relationships with research institutes and universities that possess specialized expertise in the field of the protection of public health, and that can assist Department in improving its understanding of public health issues and in refining its design of public health programs.
 - (C.) Development and establishment of collaborative relationships with other governmental agencies (such as county-level social services) and Non-Governmental Organizations for the purpose of the design and evaluation of public health and other programs designed to serve the public interest in Oregon.
 - (D.) Design, development and conduct of research surveys with the Oregon public on subjects related to the administration of public health and other programs. Research surveys must be designed to produce statistically significant, empirically objective scientific data, and to adhere to currently accepted academic methodological standards for the design of research surveys. Research surveys may, subject to Department approval and the nature of the public health purpose for which the survey is being designed and conducted, take the form of a mail survey, in-person interviews, telephone survey, a focus-group discussion, or other such form of research instrument as shall be appropriate and effective for the purpose for which the survey is designed.

- (E.) Compiling, analyzing and synthesizing PDES project reporting data or survey data for the purpose of producing peer-reviewed and other academic research monographs, reports, and summaries for use by Department, State and local governmental agencies, or Federal governmental agencies.
- (F.) Subject to Department approval, the composition of peer-reviewed and other academic research monographs, reports, and summaries on topics related to public health and other subjects for use and submission to governmental oversight agencies by Department, State and local governmental agencies, or Federal governmental agencies.
- (G.) Subject to Department approval, the design, drafting, and conduct of competitive solicitations for the award of Federal, State or private grant funds made available through Department to private and governmental organizations. The design and conduct of competitive solicitations may, subject to the nature and circumstances associated with the grant funding made available through the Department, include the design of evaluation forms or instruments for monitoring the effective administration of grant funds awarded to grantees, and the subsequent monitoring grantees' delivery of the services allowable under the grant.
- (H.) In collaboration with Department management and staff, provide technical assistance, guidelines, tools, and training in methodologies, management, organizational structure and staffing resources essential for program evaluation operations.

b. Procedural and Operational Requirements Specific to Particular PDES Services. Each of following specific PDES services must be delivered in accordance with the indicated procedural and operational requirements:

i. Toxicology, Assessment, and Tracking Services (TATS) Projects Evaluation.

(A.) Toxicology, Assessment, and Tracking Services Program:

LPHA will provide evaluation training and other program-related technical assistance to the Department's TATS staff.

(B.) Occupational Public Health Tracking (OPHT) Program Evaluation:

- (I.) LPHA must collaborate with the Department through its OPHT Program to develop and revise evaluation questions and plans that fit the needs of the program.
- (II.) LPHA must plan and conduct partnership and other evaluations that serve to promote continuing collaboration of state agencies, private insurance companies and other stakeholders who work together to establish data-driven prevention and intervention projects.
- (III.) LPHA must assist the Department, through its OPHT program in an evaluation of the worker health data surveillance system (in alignment with CDC's

guidelines for evaluating public health surveillance systems), documenting previous evaluation findings, and developing evaluation plans for new grant awards and new funding opportunities for occupational disease and injury surveillance.

(C.) EHAP Program Evaluation:

- (I.) LPHA must collaborate with Department to develop and implement evaluation plans for Oregon's Environmental Health Assessment Program (EHAP) that fit the needs of the program as determined by program staff.
- (II.) LPHA must assist Department in documenting previous evaluation findings and developing evaluation plans for new grant awards and new funding opportunities for occupational disease and injury surveillance.
- (III.) LPHA must assist Department in prioritizing additional evaluation goals that are in alignment with CDC's guidelines for evaluating public health systems.

(D.) Environmental Public Health Tracking Program Evaluation:

- (I.) LPHA must collaborate with Environmental Public Health Tracking (EPHT) managers and staff to design and implement targeted evaluations of outreach activities and other components of the EPHT program, as requested. Evaluation activities may include the development plans for assessing activities, outputs, and objectives as needed. Appropriate measures and standards, and the input of stakeholders, will guide the planning and conduct of evaluation activities. Needs assessments, community outreach, partnership evaluations, customer feedback, sustainability evaluations, and evaluation capacity-building also may be requested.
- (II.) LPHA also will provide conceptual frameworks for evaluation and assist in interpreting and applying CDC and other guidelines to program activities, including planning, development, and implementation.
- (III.) Evaluation findings will be contained in reports submitted by the evaluator, and in discussions with EPHT staff, according to agreed upon timelines

(E.) HABS Program Evaluation:

- (I.) LPHA must collaborate with Department to develop and implement evaluation plans for Oregon's Harmful Algal Bloom Surveillance (HABS) program that fit the needs of the program as determined by program staff.
- (II.) LPHA must assist Department in developing appropriate measures of program efficiency and effectiveness.
 - (a.) LPHA will collaborate with the HABS staff to develop surveillance system evaluation plans for Years 2-4 of the project.

- (b.) In Year 1 of the program, the LPHA also will conduct a formative program evaluation in which stakeholder opinions about algal blooms and the HAB program are systematically collected and summarized. The purpose of the evaluation will be to inform the development of the HABS program in its 1st year of operation. The evaluation will consist of the following methods and deliverables:
 - (i.) Development of a stakeholder survey in collaboration with HABS staff.
 - (ii.) Administration of the survey to stakeholders identified by HABS staff.
 - (iii.) Quantitative analysis of surveys ratings and qualitative analysis of narrative responses. The latter will include identification of major themes and major issues.
 - (iv.) Submission of a written report of quantitative and qualitative findings to HABS.
 - (v.) Summarization of report findings at staff and stakeholder meetings.
- (III.) LPHA must assist Department in prioritizing additional evaluation goals that are in alignment with CDC's guidelines for evaluating public health systems.

(F.) Lead Poisoning Prevention Program Evaluation:

- (I.) LPHA must collaborate with Department to develop and implement an evaluation plan for the Department's "Building Capacity to Address Environmental Hazards during Pregnancy" project.
- (II.) LPHA must assist the Department, in developing a tool for documenting environmental/home assessments done by Maternity Case Management (MCM) nurses. The documentation tool will collect data including: 1) environmental hazards identified; 2) education provided; 3) client recommendation plans; 4) interventions provided; and 5) outcome.
- (III.) LPHA must develop and conduct evaluation of environmental health training provided for participating stakeholders. LPHA will develop and conduct interviews of the MCM nurses and Environmental Health Specialist at the end of the project to assess increased knowledge of environmental exposures.
- (IV.) LPHA must develop and conduct PHN interviews during pilot testing of the home assessment tool and at the end of the project period to evaluate the home/environment assessment tool and modification of guidelines addressing environmental hazards.
- (V.) Near the end of the project, LPHA must perform analysis of documentation tool data, and perform key informant interviews to collect detailed feedback about the project including: 1) overall impressions of staff training; 2) overall impressions of the revised environmental health assessment tool; 3) overall impressions of implementing interventions with clients; 4) barriers and solutions

for providing environmental health education and remediation of hazards; and 5) suggestions for improving project strategies to address environmental hazards.

ii. HIV Morbidity Monitoring Surveillance Project (MMP)

- (A.) The Medical Monitoring Project (MMP) is a CDC-funded supplemental public health surveillance project on persons with HIV and AIDS in ongoing health care. Public health personnel from the Oregon Office of Disease Prevention and Epidemiology, HIV/STD/TB Program will interview a stratified random sample of patients with HIV in Oregon and review their medical records.
- (B.) In accordance with the MMP multi-site protocol developed by the CDC and participating states, a Research Analyst 4 (currently Kari Greene) must fulfill the duties of MMP Project Coordinator under the supervision of a physician who is a Medical Epidemiologist with the Department's HIV/STD/TB Program (currently Sean Schafer). The MMP Project Coordinator must do the following: 1) Convene periodic meetings of established healthcare provider and community advisory panels that advise the Department on participant recruitment and design and revision of the interview and chart-review instruments that may be added for local use; 2) Prepare and submit applications based upon a national protocol written by CDC and participating states to medical facility institutional review boards (IRBs) for project approval where required; 3) Arrange and participate in weekly conference calls with CDC project officer; 4) Participate in monthly national MMP conference calls; 5) Coordinate recruitment and project participation of facilities selected for participation by CDC; 6) Coordinate recruitment of patients selected for participation by CDC from lists submitted by participating facilities; 7) Supervise patient interviews and medical record reviews during data collection phase of MMP; 8) In consultation with Department, develop and maintain a comprehensive list of medical facilities caring for HIV-infected patients in Oregon for the purpose of generating a new sample of facilities for project years 2009-2013 and assist with analysis, reporting and communication of results to community members, providers and professional groups through written and oral reports.
- (C.) In consultation with the Medical Epidemiologist referred to in (B.) above, and staff, and CDC as necessary, a doctoral level epidemiologist from LPHA (currently Barbara Pizacani, PhD) will consult with project analyst to: 1) Generate estimates for main variables of interest, using software that takes into account the design effects introduced by rural oversample completed in previous project period; 2) During project years 2009-2013, design protocols that will supplement the MMP protocol to explore the feasibility of oversampling specific subgroups of interest to HIV services in Oregon. These may include women, intravenous drug users (IDU's), African-Americans, Hispanics, or correctional inmates; 3) Prepare written summary of local survey analysis methods.
- (D.) In accordance with the MMP multi-site protocol developed by the CDC and participating states, a Research and Evaluation Supervisor from LPHA (currently Haiou He) must fulfill the duties of MMP Data Manager/Analyst under the supervision of the Medical Epidemiologist described in (B.) above. The Data Manager/Analyst must do the following: 1) Manage tracking data, interview and

abstraction data, and minimal data set using software applications and/or programs supplied by the CDC; 2) Submit recently uploaded interview data, abstraction data and minimum data set to CDC on a periodic basis via the SDN using encryption software provided by CDC; 3) Perform quality assessment reviews before data submission and respond to CDC's request for data correction and resubmission; 4) Conduct data analysis on a CDC provided SAS analytic file, or dataset built from uploaded interview data and abstraction data; 5) Conduct additional data analysis on subgroups of interest to HIV services in Oregon, consulting with the doctoral level epidemiologist described in (C.) above to generate estimates for main variables of interest, using software that takes into account the design effects introduced by oversample; 6) Assist in developing reports and preparing manuscripts based on local, regional and national data sets.

- (E.) In accordance with the MMP multi-site protocol developed by the CDC and participating states, interviewers/abstractors from LPHA must work with interviewers/abstractors from DHS HIV/STD/TB Program to fulfill the duties of MMP patient interview and medical record abstraction under the supervision of the Medical Epidemiologist and MMP Project Coordinator described in (B.) above. The interviewers must do the following: 1) Work with participating patients, and physicians or their office staff to arrange for and conduct personal patient interviews; 2) Collect study specified information from medical records of participating patients; 3) Complete medical record abstraction forms, which include general information (office visits, hospitalizations and ER visits), as well as data on HIV-related diagnoses and treatments. (e.g., laboratory results, medical tests, prescribed medications, and other data as determined in collaboration with CDC; 4) Use computer hardware and software approved and provided by CDC for the project to perform data entry, review of patient medical records and collect data related to clinical care and outcomes. 5) Maintain the confidentiality of all interviewees and protect the data collected as described in the confidentiality policy of the department; 6) Keep records of all activities related to each interviewee, such as date contacted, interview completed or refused, date abstraction forms completed.
- (F.) LPHA must maintain the confidentiality of any and all data collected on persons in Oregon infected with HIV to which it or its representatives may be granted access. Specifically, LPHA shall (a) limit access to data, that contains personal identification, to staff directly associated with the MMP project, (b) keep within the confines of a locked office, all data storage equipment (including electronic databases, computer equipment, etc.) associated with the MMP, (c) store in a locking file cabinet within the locked office, hard copies of reports, interviews, and disks containing personal identifiers, and (d) otherwise comply, with respect to the data associated with the MMP, with the information confidentiality and security requirements set forth in "Appendix C" of CDC's "Guidelines for HIV/AIDS Surveillance" found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm>.
- (G.) Although the Centers for Disease Control and the Department's Office of Disease Prevention have determined that MMP constitutes public health surveillance and not human subjects research, some independent medical facilities whose patients are randomly selected for participation may require institutional review and approval prior to submitting lists or patients for random selection or permitting patient

contact and chart review. LPHA must assist the Department in the preparation and submission of applications to medical facility institutional review boards (IRBs) for project approval where required. The Department will ascertain which medical facilities will require IRB approval. LPHA must prepare and submit individual applications to each of these institutions based upon a national protocol written by CDC and participating states. LPHA must monitor progress of these applications and, with assistance of the Department, answer IRB requests for additional information and revise institution-specific protocols where necessary.

iii. HIV Part B Services Evaluation Project

- (A.) LPHA shall develop and implement methodology and tools necessary for Department to administer interviews or surveys, analyze, and report on the service needs of persons living with HIV/AIDS and their affected family members. Methods may include but are not limited to conducting key informant interviews, survey by convenience sampling and or survey by representative sampling methodology, and service gaps analysis. Result of this work will be analyzed utilizing professionally accepted statistical methodology. The results will be summarized and reported in written format appropriate to community member participation.
- (B.) LPHA shall analyze data as requested by Department to meet the planning and evaluation goals of the Oregon HIV Care Coalition (OHCC) as required by the Ryan White CARE Act.
- (C.) LPHA shall contribute to grant writing projects as requested by Department. Grant writing tasks may include researching and authoring statements of need.
- (D.) LPHA shall facilitate discussion with Department program administration and community planning groups in the development of planning strategies, provide technical assistance in advising committees in their work, and assist in the identification of mechanisms for program design and implementation.
- (E.) LPHA shall evaluate the administrative agent and/or program components identified by Department.
- (F.) LPHA shall, in consultation with Department, develop a written annual work plan for the delivery of services to the PDES Part B Services Evaluation Project. This work plan shall be submitted by a date determined by Department. LPHA shall obtain Department approval of a work plan before implementing the provisions of the plan. Upon approval of a work plan by Department, Department will initiate an amendment to the current Agreement to incorporate the work plan. Changes to a work plan must be approved by the Department and shall be implemented through an amendment to the current Agreement.

iv. Oregon Fetal Alcohol Syndrome Surveillance System.

- (A.) PDES will provide support to the FAS Manager and FAS staff regarding the FAS Surveillance System. PDES in collaboration with Department management and staff, provide technical assistance, guidelines, tools, and training in methodologies, management, data management and staffing resources essential for FAS Surveillance.
- (B.) PDES will provide support to the FAS Management regarding decisions relating to surveillance and/or processes and systems to complete FAS Cooperative Agreement requirements. This work requires access to databases with identifiable information, including, but not limited to birth certificate data, Medicaid data, hospital records and the FASSLink database.
- (C.) PDES will provide epidemiologic expertise to the FAS Manager and surveillance team on surveillance system activities, study and/or analytic design and analysis of data.
- (D.) PDES will provide the following activities:
 - (I.) Epidemiologic oversight and consultation for FAS surveillance policies, processes and activities.
 - (II.) Assisting surveillance staff in prioritizing surveillance needs and activities.
 - (III.) Provide oversight of data management and abstraction activities.
 - (IV.) Mentoring of surveillance staff, particularly research analyst, in data management and statistical analysis activities.
 - (V.) Provide guidance to research analyst on conducting statistical analysis of the FAS Surveillance Program's FASSLink database.
 - (VI.) Assisting in the analysis of data and publication of results.
- (E.) Final deliverable products are:
 - (I.) Participation in monthly CDC Principle Investigator Conference Calls. Participation in monthly FAS Surveillance System staff meetings.
 - (II.) Review and comment on surveillance related documents, presentations, and manuscripts
 - (III.) By September 29, 2009, analysis will be completed for the FASSLink database and publications will be submitted.

- (IV.) Make recommendation to FAS Staff on surveillance system quality assurance (QA) procedures and analysis to determine effectiveness of ascertainment and validity of information gathered.
- (V.) Make recommendations to FAS staff on maximizing data quality through the application of continuous QA procedures through September 29, 2009.
- (VI.) Provide consultation and guidance for any potential analysis of FASSLink and the interpretation of results by September 29, 2009.
- (VII.) Maintain the confidentiality of all data collected and stored in the FASSLink database.

v. Behavioral Risk Surveillance System (BRFSS) Data Weighting.

(A.) LPHA will complete the following deliverables in 2009:

(I.) 2007 data:

- (a.) Child ABC weights for child commute
- (b.) Computer syntax
- (c.) Documentation

(II.) 2007 state raking weights:

- (a.) Comparison to CDC core raking weights (A and B)
- (b.) Raking weights for state survey combinations (8 state weights – wtAB, wtABC, wtABCD, wtABD, wtAD, wtB, wtC, wtCD, wtD)
- (c.) SAS syntax
- (d.) Documentation

(III.) 2008 trimmed state weights:

- (a.) Trimmed Survey C combination weights
(4 weights – C, CD, ABC, ABCD)
- (b.) Syntax
- (c.) Documentation

(IV.) 2008 state child weights:

- (a.) Child ABC weights for childhood asthma.
- (b.) Syntax
- (c.) Documentation

(V.) 2008 state raking weights:

- (a.) Comparison to CDC core raking weights

- (b.) Raking weights for state survey combinations
(9 weights - wt A; wt ABC; wtABCD; wtB ; wtBC; wtBCD; wtBD; wtC;
wtCD ; wtD)
- (c.) SAS syntax
- (d.) Documentation

(VI.) Attend and participate in two Quarterly working group meetings

(B.) LPHA will complete the following deliverables in 2010:

(I.) 2009 state weights:

- (a.) Comparison to CDC core weights
- (b.) Weights for state survey combinations (9 weights – wtABC; wtABCD; wtB;
wtBC; wtBCD; wtBD; wtC; wtCD ; wtD)
- (c.) Syntax
- (d.) Documentation

(II.) 2009 raking weights:

- (a.) Comparison to CDC core raking weights
- (b.) Raking weights for state survey combinations (9 weights – wtABC;
wtABCD; wtB ; wtBC; wtBCD; wtBD; wtC; wtCD ; wtD)
- (c.) Syntax
- (d.) Documentation

(III.) 2009 cell phone weights

Review of CDC cell phone weighting methodology

(IV.) 4-year combined county weights (2006-2009)

- (a.) Classic weights
- (b.) Raking weights
- (c.) Syntax
- (d.) Documentation

(V.) Attend annual BRFSS Conference and workshops.

(VI.) Attend and participate in two quarterly working group meetings.

vi. Descriptive Epidemiology of Newly Reported Hispanic HIV/AIDS Cases in Oregon.

LPHA will complete the following deliverables:

- (I.) Conduct a literature search to provide a rationale for doing this work and to help refine the study design.

- (a.) Assess what is known nationally about HIV prevention strategies among Hispanics
- (b.) Assess what is known about reporting HIV/AIDS and partner notification among Hispanics
- (c.) Determine what the knowledge gaps are that we will address in this study

- (II.) Review existing case reports and Disease Intervention Specialist (DIS) notes from 2008 for a sample of newly reported HIV/AIDS cases listed on the case report as Hispanic (n=approximately 25);

Determine what data are routinely available and what additional information is needed.

- (III.) Develop the protocols for identifying and interviewing all newly reported HIV/AIDS cases listed on the case report as Hispanic and develop the prospective structured interview instrument.

- (a.) Develop mechanism for receiving name and contact information for all newly (and possibly recently – within last 3 months) reported HIV/AIDS cases listed on the case report as Hispanic.
- (b.) Work with DIS to help identify and recruit all newly (and possibly recently – within last 3 months) reported HIV/AIDS cases listed on the case report as Hispanic
- (c.) Develop procedures for contacting potential participants directly, after DIS have informed them of the study.
- (d.) Develop interview instrument. Translate to Spanish.
- (e.) Develop SPSS database for closed-ended items.
- (f.) Train bi-lingual interviewer(s).

- (IV.) Conduct approximately 25 interviews with newly (and possibly recently – within last 3 months) reported HIV/AIDS cases listed on the case report as Hispanic; Collect case report data and DIS notes for these cases.

- (a.) Abstract HIV risk information on cases, as available, from DIS records.
- (b.) Contact participants to schedule interviews.
- (c.) Complete interviews in person if local or over the phone if not local.
- (d.) Clean data. Translate open-ended responses in Spanish to English.
- (e.) Enter quantitative data into SPSS database.

- (V.) Analyze data and present to the HIV Data & Analysis Program.

- (a.) Conduct descriptive analyses of quantitative data and content analysis of open-ended items.
- (b.) Suggest revisions to the case reporting forms.
- (c.) Suggest revisions to the DIS forms.
- (d.) Write brief report of findings for HST, including information to guide the delivery of resources aimed at preventing HIV among Hispanic populations in Oregon.

(e.) Write a brief manuscript (i.e., brief report or letter) for submission to a peer-reviewed journal.

vii. Promoting Healthy Birth Outcomes for Future Generations of Latinos.

(A.) LPHA shall perform following activities:

- (I.) Develop a more detailed project evaluation plan.
- (II.) Provide technical assistance to DHS staff in reviewing and interpreting focus group results to inform the campaign.
- (III.) Assess the project impact, including the extent to which the campaign increased preconception knowledge and awareness in the target audience.
- (IV.) Assess the feasibility of implementing the campaign in other population groups.
- (V.) Identify areas for project improvement based on the project evaluation findings.

(B.) **Deliverables:** LPHA shall deliver the following items to DHS according to a mutually agreeable schedule:

- (I.) Detailed evaluation plan.
- (II.) Project evaluation report, which shall include a description of the project impact on the target audience and recommendations for project improvement.

viii. Assistance in 2009-10 Influenza Surveillance. LPHA shall provide weekly updates for several web-based reports based on four specific surveillance strategies:

- Sentinel Surveillance (Influenza-like Illness) Weekly Updates
- Kaiser Syndromic Surveillance Updates
- OCHIN Surveillance Updates
- BRFSS Community Survey Updates

- (I.) David Dowler will be the lead LPHA staff member for this work, and Haiou He and Tara Fechter will be trained to provide support as needed.
- (II.) David will work with ACD staff to learn how to access and work with data sources for the four strategies.
- (III.) LPHA will update supporting spreadsheets each week by Friday so that graphs and tables available on the DHS website depict the updated information
- (IV.) David and other LPHA staff will be available for technical assistance as needed, given available contracted time.

4. Reporting Obligations and Periodic Reporting Requirements. In addition to the reporting requirements set forth in Section 8 of Exhibit E of this Agreement, LPHA shall develop and submit to Department the reports described above in a manner acceptable to the Department.